

Fig. 1

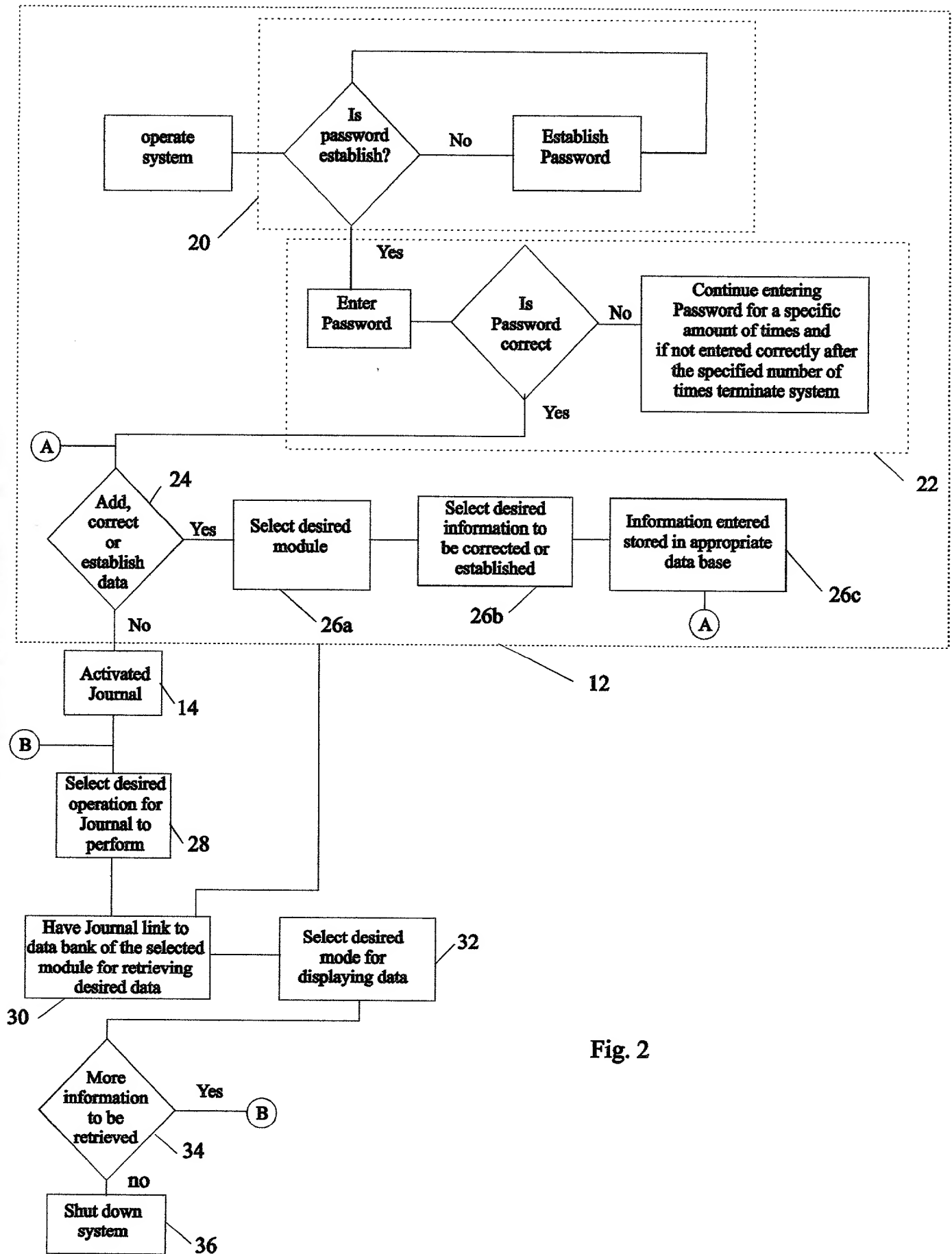


Fig. 2

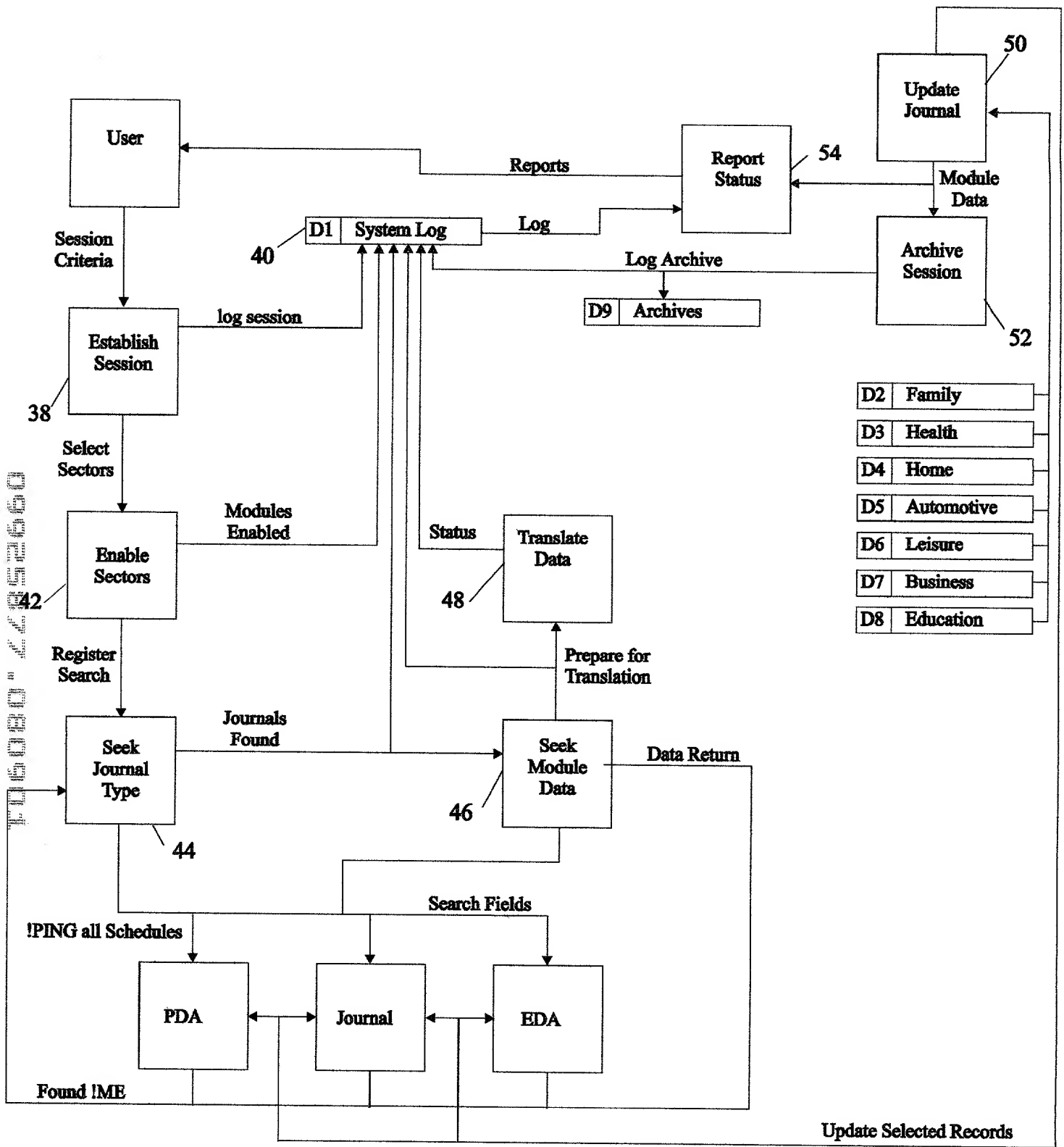


Figure3

Personal/Family/Friends

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(Apt./Bldg.)

\_\_\_\_\_  
(City) (State) (Zip)

Work/School Telephone Number: \_\_\_\_\_

Address of Work/School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Home Fax Number: \_\_\_\_\_

Work/School Fax Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

E-mail address at Work/School: \_\_\_\_\_

E-mail address at Home: \_\_\_\_\_

Contact Person at Work/School: \_\_\_\_\_

Title of Contact Person at Work/School: \_\_\_\_\_

Additional Contact Personnel: ☐ Yes ☐ No

Special Interest of individual: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Advance Reminder of Birthday: ☐ Yes ☐ No

Remind on: \_\_\_\_\_ days in advance  
\_\_\_\_\_ weeks in advance  
\_\_\_\_\_ months in advance

To Do List for Special event/Birthday: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional items for the to do list: ☐ Yes ☐ No

Fig. 4a

56a

T06080" 2282650

Personal/Family/Friends

Friends/Associates/Businesses/Caterer to contact for event

Name: \_\_\_\_\_  
(Last) (First) (M.I)

Relationship/Title \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(Apt./Bdlg.)

\_\_\_\_\_  
(City) (State) (Zip)

Others Associated with Special Event : ☐ Yes ☐ No

Dates of Other Special events: \_\_\_\_\_

Advance Reminder of Special Event: ☐ Yes ☐ No

Remind on: \_\_\_\_\_ days in advance  
\_\_\_\_\_ weeks in advance  
\_\_\_\_\_ months in advance

To Do List for Special event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional items for the to do list: ☐ Yes ☐ No

Friends/Associates/Businesses/Caterer to contact for event ☐ Yes ☐ No

Name: \_\_\_\_\_  
(Last) (First) (M.I)

Relationship/Title \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(Apt./Bdlg.)

\_\_\_\_\_  
(City) (State) (Zip)

Others Associated with Special Event : ☐ Yes ☐ No

Other Special Events: ☐ Yes ☐ No

Fig. 4b

56a

Personal/Family/Friends

Reason for Appointment: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

Appointment with (Name): \_\_\_\_\_

Pertinent Address for Appointment \_\_\_\_\_

Telephone for Appointment: \_\_\_\_\_

Fax for Appointment: \_\_\_\_\_

E-mail for Appointment: \_\_\_\_\_

Advance Reminder of Appointment: ☐ Yes ☐ No

Remind on: \_\_\_\_\_ days in advance  
\_\_\_\_\_ weeks in advance  
\_\_\_\_\_ months in advance

Additional Appointment: ☐ Yes ☐ No

Groups/ Associations \_\_\_\_\_

Contact Person at Group/Association: \_\_\_\_\_

Title of Contact Person at Group/Association: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number of Contact Person: \_\_\_\_\_

Additional Contact Personnel: ☐ Yes ☐ No

Member of Group/Association: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number of Member \_\_\_\_\_

Additional Member: ☐ Yes ☐ No

To do: \_\_\_\_\_

Additional Items to be added to The To Do List:

☐ Yes ☐ No

Fig. 4c

Health Care Provider: \_\_\_\_\_

Health Care Provider's Speciality: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Office Personnel: \_\_\_\_\_

Title of Office Personnel: \_\_\_\_\_

Telephone Number of Office Personal: \_\_\_\_\_

Fax Number of Office Personal: \_\_\_\_\_

Additional Office Personal: ☐ Yes ☐ No

Billing Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Physician: ☐ Yes ☐ No

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Cholesterol: \_\_\_\_\_

Other: \_\_\_\_\_

Other Vital Statistics: ☐ Yes ☐ No

Fig. 5a

56b

Medication: \_\_\_\_\_

Reason for taking Medication: \_\_\_\_\_  
\_\_\_\_\_

Length of Time for Prescription: \_\_\_\_\_ days  
\_\_\_\_\_ weeks  
\_\_\_\_\_ months

Amount Taken: \_\_\_\_\_ pills per day.

Daily Intervals: \_\_\_\_\_ pills every \_\_\_\_\_ hours

Number of pills left after taking today's dose: \_\_\_\_\_

Advance Reminder for Refill of Medication: ☐ Yes ☐ No

Remind on: \_\_\_\_\_ days in advance  
\_\_\_\_\_ weeks in advance  
\_\_\_\_\_ months in advance

Additional Medication ☐ Yes ☐ No

Fig. 5b

56b



Health and Nutrition

FIG. 5c

Date of Appointment: \_\_\_\_\_

Purpose of Appointment \_\_\_\_\_

Pertinent Address for Appointment \_\_\_\_\_

\_\_\_\_\_

Telephone for Appointment: \_\_\_\_\_

Fax for Appointment: \_\_\_\_\_

E-mail for Appointment: \_\_\_\_\_

Purpose of Appointment \_\_\_\_\_

Advance Reminder of Appointment: ☐ Yes ☐ No

Remind on: \_\_\_\_\_ days in advance

\_\_\_\_\_ weeks in advance

\_\_\_\_\_ months in advance

Regular Visit (annual, monthly, biweekly, weekly appointment) ☐ Yes ☐ No

Regular visits occur every: \_\_\_\_\_ days

\_\_\_\_\_ weeks

\_\_\_\_\_ months

Re-Scheduling Needed of Regular Visit ☐ Yes ☐ No

Re-Schedule appointment \_\_\_\_\_ days in advance.

\_\_\_\_\_ weeks

\_\_\_\_\_ months

Additional Appointment: ☐ Yes ☐ No

Fig. 5c

56b

Home and Yard Maintenance

Inspection/Appointments Needed For Home or Item or Equipment needing Maintenance (i.e. termite inspection, heating/cooling maintenance): \_\_\_\_\_

Date of Inspection/Appointment: \_\_\_\_\_

Address for Company Conducting Inspection/Appointment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone for Appointment: \_\_\_\_\_

Fax for Appointment: \_\_\_\_\_

E-mail for Appointment: \_\_\_\_\_

Advance Reminder of Appointment: ☐ Yes ☐ No

Remind on: \_\_\_\_\_ days in advance  
\_\_\_\_\_ weeks in advance  
\_\_\_\_\_ months in advance

Regular Visit (annual, monthly, biweekly, weekly appointment) ☐ Yes ☐ No

Regular visits occur every: \_\_\_\_\_ days  
\_\_\_\_\_ weeks  
\_\_\_\_\_ months

Re-Scheduling Needed of Regular Visit ☐ Yes ☐ No

Re-Schedule appointment \_\_\_\_\_ days in advance.  
\_\_\_\_\_ weeks  
\_\_\_\_\_ months

Additional Appointment/Inspection or item or equipment needing maintenance: ☐ Yes ☐ No

Fig. 6

56c

## Vehicle Planning

Inspection/Service Needed For Vehicle or

Service provided for vehicle: \_\_\_\_\_

Date of Service/Appointment: \_\_\_\_\_

Mileage of Vehicle \_\_\_\_\_

Date Mileage was taken \_\_\_\_\_

Address for Company Performing Inspection/Appointment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone for Appointment: \_\_\_\_\_

Fax for Appointment: \_\_\_\_\_

E-mail for Appointment: \_\_\_\_\_

Advance Reminder of Appointment/Service: ☐ Yes ☐ No

Remind on: \_\_\_\_\_ days in advance  
\_\_\_\_\_ weeks in advance  
\_\_\_\_\_ months in advance

Regular Visit (annual, monthly, biweekly, weekly appointment) ☐ Yes ☐ No

Regular visits occur every: \_\_\_\_\_ days  
\_\_\_\_\_ weeks  
\_\_\_\_\_ months

Re-Scheduling Needed of Regular Visit ☐ Yes ☐ No

Re-Schedule appointment \_\_\_\_\_ days in advance.  
\_\_\_\_\_ weeks  
\_\_\_\_\_ months

Additional Appointment/Inspection or item or equipment needing maintenance: ☐ Yes ☐ No

56d

Fig. 7

Date(s) of Event/Vacation: \_\_\_\_\_

Place of Event/Vacation \_\_\_\_\_

Pertinent Address for Event/Vacation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone for Event/Vacation: \_\_\_\_\_

Fax for Event/Vacation: \_\_\_\_\_

E-mail for Event/Vacation: \_\_\_\_\_

Purpose of Appointment \_\_\_\_\_

Advance Reminder of Event/Vacation: ☐ Yes ☐ No

Remind on: \_\_\_\_\_ days in advance  
\_\_\_\_\_ weeks in advance  
\_\_\_\_\_ months in advance

To Do List for Vacation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional items for the to do list: ☐ Yes ☐ No

Regular Event/Vacation/Retreat (annual, monthly, biweekly, weekly appointment)

Regular Event/Vacation/Retreat occur every:

\_\_\_\_\_ days  
\_\_\_\_\_ weeks  
\_\_\_\_\_ months

Re-Scheduling/Recipitate ☐ Yes ☐ No

Re-Schedule event \_\_\_\_\_ days in advance.  
\_\_\_\_\_ weeks  
\_\_\_\_\_ months

Remind of re-scheduling/recipitation on: \_\_\_\_\_ days in advance  
\_\_\_\_\_ weeks in advance  
\_\_\_\_\_ months in advance

Fig. 8

**Fig. 9a**

Education/Sports/Extra-curricular Activities

Student \_\_\_\_\_  
(Last) (First) (M.I)

Relationship \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(Apt./Bldg.)

\_\_\_\_\_  
(City) (State) (Zip)

School Telephone Number: \_\_\_\_\_

Address of School: \_\_\_\_\_

Student's Telephone Number: \_\_\_\_\_

Student's Fax Number: \_\_\_\_\_

Student's Mobile Number: \_\_\_\_\_

E-mail address Of Student \_\_\_\_\_

Fax Number of School \_\_\_\_\_

E-mail address at School \_\_\_\_\_

Student's Teacher Name: \_\_\_\_\_

Subject teaching \_\_\_\_\_

Additional Teachers: ☐ Yes ☐ No

Recreational Activity \_\_\_\_\_

Daily Scheduling of Recreational Activity ☐ Yes ☐ No

Scheduling occurs at \_\_\_\_\_ every \_\_\_\_\_

Advance Reminder of Recreational Activity: ☐ Yes ☐ No

Remind on: \_\_\_\_\_ days in advance  
\_\_\_\_\_ weeks in advance  
\_\_\_\_\_ months in advance

Additional Activities: ☐ Yes ☐ No

Date of a meeting Pertinent to Student: \_\_\_\_\_

Reason for meeting \_\_\_\_\_

Advance Reminder of Meeting: ☐ Yes ☐ No

Remind on: \_\_\_\_\_ days in advance  
\_\_\_\_\_ weeks in advance  
\_\_\_\_\_ months in advance

Additional Meetings: ☐ Yes ☐ No

Additional Students: ☐ Yes ☐ No

Fig. 10

To Do List for Meeting/Conference: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Report/Presentation: \_\_\_\_\_

Reason/Title for Report/Presentation: \_\_\_\_\_

Advance Reminder of Due date for Report/Presentation: ☐ Yes ☐ No

Remind on: \_\_\_\_\_ days in advance  
\_\_\_\_\_ weeks in advance  
\_\_\_\_\_ months in advance

Regular Report/Presentation(annual, monthly, biweekly, weekly appointment)  
☐ Yes ☐ No

Regular Report/Presentation occur every: \_\_\_\_\_ days  
\_\_\_\_\_ weeks  
\_\_\_\_\_ months

Re-Scheduling Needed of Regular Report/Presentation ☐ Yes ☐ No

Re-Schedule Report/Presentation \_\_\_\_\_ days in advance.  
\_\_\_\_\_ weeks  
\_\_\_\_\_ months

To Do List for Report/Presentation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Report/Presentation: ☐ Yes ☐ No

Fig. 9b

56h

Welcome, please enter your identification code:

Fig. 11

60

Please identify what you wish to accomplish:

- ☐ Retrieve daily calendar
- ☐ Retrieve weekly calendar
- ☐ Retrieve monthly calendar
- ☐ other

Fig. 12

62

Enter days needed:

Month  (Day) From  To  Year

Print ☐ yes ☐ no

Fig. 13

64



Activity to Perform:

- ☐ Add data
- ☐ Correct, change or delete data
- ☐ Retrieve address/phone numbers
- ☐ Retrieve Birth dates/Special Event
- ☐ Retrieve specific data on self/spouse/sibling/family/friends
- ☐ Appointment information
- ☐ Specific "To Do List"

Type in item needed

Fig. 15

66

Type in module name

Fig. 16

68

FD-502 (Rev. 10-1-80)

Daily Events		Date:
		Weekday:
Hour	Appointment	
8 AM		
9 AM		
10 AM		
11 AM		
Noon		
1 PM		
2 PM		
3 PM		
4 PM		
5 PM		
6 PM		
7 PM		
8 PM		
Notes:		

Fig. 14

Date of Appointment:

Jan. 2, 2002

Fig. 17

70

Person/Place of appointment:

Dr. John Smith

Fig. 18

72

Purpose of Appointment

Physical

Fig. 19

74

Advance Reminder of Appointment: ☒ Yes

☐ No

Fig. 20

76

Remind on:

days in advance

weeks in advance

months in advance

Fig. 21

78

Regular Visit (annual, monthly, biweekly, weekly appointment) ☒ Yes ☐ No

Fig. 22

80

Regular visits occur every: ☐ days  
☐ weeks  
☐ 12 months

Fig. 23

82

Re-Scheduling Needed of Regular Visit ☒ Yes ☐ No

Fig. 24

84

Re-Schedule appointment ☐ days  
☐ weeks  
☐ 3 months in advance.

Fig. 25

86

Additional Appointment: ☐ Yes ☒ No

Fig. 26

88

Go to main Menu    ☐ Yes    ☒ No

**Fig. 27**

90

Exit Time Management System:    ☒ Yes    ☐ No

**Fig. 28**

92

105030 2/3/2000